NORTHCARE NETWORK

POLICY TITLE: Credentialing Oversight and Monitoring	**CATEGORY:** Provider Network Management	
EFFECTIVE DATE: 3/21/13	**BOARD APPROVAL DATE:** 7/13/16	
REVIEWED DATE: 5/8/26	**REVISION(S) TO POLICY STATEMENT:** ☐ **Yes** ☒ **No**	**OTHER REVISION(S):** ☐ **Yes** ☒ **No**
RESPONSIBLE PARTY: Provider Network Specialist	**CEO APPROVAL DATE**: 6/11/26 Megan Rooney, CEO	

APPLIES TO
NorthCare Network Personnel
Network Providers

POLICY
NorthCare Network is directly responsible for continuous monitoring of NorthCare Network personnel and contracted individuals and organizations. Continuous monitoring and oversight of sub-contract individuals and organizations is delegated to Member CMHSPs. Member CMHSPs are required to ensure full compliance with applicable federal and state laws, 42 CFR 455.104-106, and the NorthCare Network Credentialing Program.

PURPOSE
To ensure proper credentialing and monitoring of individual and organizational providers is conducted on an ongoing basis in accordance with applicable federal and state laws, 42 CFR 455.104-106, and NorthCare Network policy/procedures.

DEFINITIONS
1. ***Contractor*** – Any provider, supplier, distributor, vendor or firm (person or entity) that furnishes services under primary contract with NorthCare Network.

2. ***Credentialing*** (As defined by the American Society of Addiction Medicine and the American Managed Behavioral Healthcare Association)**:** The process of reviewing, verifying, and evaluating a provider's credentials (i.e., professional education, clinical training, licensure, board and other certification, clinical experience, letters of reference, other professional qualifications, and disciplinary actions) to establish the presence of the specialized professional background required for membership, affiliation, or a position within a healthcare organization or system. The result of credentialing is that a provider is granted membership in a medical staff or provider panel.

3. ***National Practitioner Databank (NPDB) and the Healthcare Integrity and Protection Databank (HIPDB):*** The U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Processions, Office of Workforce Evaluation and Quality Assurance, Practitioner Data Banks Branch is responsible for the management of the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. HRSA. They can be located on the Internet at www.npdb.hrsa.gov.

4. ***Organizational Providers (Facilities)*** – are providers with whom NorthCare Network contracts and that directly employ and/or contract with individual practitioners or organizations to provide behavioral health care services. Examples of organizational providers include but are not limited to: Member Community Mental Health Services Programs, psychiatric hospitals, substance use treatment programs and residential providers.

5. ***PIHP (Prepaid Inpatient Health Plan):*** In Michigan and for the purposes of the MDHHS/PIHP contract, a PIHP is defined as an organization that manages Medicaid specialty services under the state's approved Concurrent 1915(b)/1915(c) Waiver Program, on a prepaid, shared-risk basis, consistent with the requirements of 42 CFR Part 438. (In Medicaid regulations Part 438., Prepaid Health Plans (PHPs) that are responsible for inpatient services as part of a benefit package are now referred to as "PIHP" The PIHP also known as a Regional Entity under MHC 330.1204b or a Community Mental Health Services Program also manages the Autism iSPA, Healthy Michigan, Substance Abuse Treatment and Prevention Community Grant and PA2 funds.

6. ***Practitioner/Individual Provider:*** is any individual that is engaged in the delivery of healthcare services and is legally authorized to do so by the State in which he or she delivers the services.

7. ***Senior Clinical Staff Person:*** The appointed leadership role of the credentialing program of at least one senior clinical staff person who has: current, unrestricted clinical license(s); qualifications to perform clinical oversight for the services provided; five years' post-graduate experience in direct patient care; and Board certification (if the senior clinical staff person is an M.D. or D.O.).

8. ***Sub-Contractor:*** any provider, supplier, distributor, vendor or firm (person or entity) that furnishes services to or for a prime contractor or another subcontractor.

REFERENCES

- 42 CFR, (Balanced Budget Act of 1997), 438.214, 438.610
- Medicaid Provider Manual
- MDHHS/PIHP Contract, as amended
- PIHP/CMHSP Contract
- PIHP/CMHSP Delegation Agreement
- NorthCare Network Policies, as applicable

HISTORY

REVIEW DATE: 3/20/13, 6/19/13, 9/19/13, 11/27/13, 11/5/14, 9/23/15, 5/17/16, 8/9/16, 12/13/16, 10/9/17, 8/10/18, 1/8/20, 8/24/20, 1/11/22, 11/2/22, 9/11/23, 8/8/24, 7/14/25, 5/8/26
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BOARD APPROVAL DATE: 3/21/13, 12/4/13, 7/13/16

PROCEDURES

A. NorthCare Network will monitor compliance with credentialing and recredentialing of contractors as warranted and no less than annually at time of provider site review in accordance with Network Provider Oversight Monitoring & Evaluation Policy. During the annual site review, a sample of sub-contractor file review conducted by the respective CMHSP will also be reviewed by NorthCare.

B. Sanctions or Limitations on Licensure

NorthCare Network and the Network Providers review Federal and State of Michigan information regarding individual practitioners and organizational providers who have received sanctions or limitations on licensure/certification from various agencies as they are published or made available.

1. In addition to all the checks required in the NorthCare Network Background and Exclusion Check Policy, the following two sites are also checked at time of initial hire/contract and at time of re-credentialing/contract renewal.

    a. MDHHS, Bureau of Health Professions, Disciplinary Action Report http://www.michigan.gov/lara/0,4601,7-154-72600_72603_27529-43008--,00.html

    b. American Medical Association, Physician Masterfile System at https://www.ama-assn.org/practice-management/masterfile/ama-physician-masterfile to verify a physician's credentials.

2. The OIG exclusions database and the State of Michigan Sanctioned Provider list is searched monthly to capture exclusions and reinstatements that have occurred since the last search, or at any time providers submit new disclosure information.

3. All individuals and entities shall disclose to NorthCare Network CEO or Compliance Officer immediately if they have ever been excluded from participation in any state or federal programs.

4. If NorthCare Network has actual notice, or learns through other means, that an employed, contracted or sub-contracted individual or entity has become an excluded individual or entity, NorthCare Network will remove (e.g., through termination of employment, contract or sub-contract) such individual or entity from responsibility for, or involvement in, the business operations related to any Federally Funded Health Care Programs or provision of items or services, directly, or indirectly, to Federally Funded Health Care Program beneficiaries and shall remove such persons from any position for which the excluded individual's compensation or the items or services furnished, ordered, or prescribed by the excluded individual, are paid in whole or part, directly or indirectly, by Federally Funded Health Care Programs or otherwise with Federal funds. The NorthCare Network and Member CMHSP Provider Directories will be updated, as applicable, within 30 days of exclusion from the network.

5. NorthCare Network may execute Network Provider agreements, pending the outcome of screening, enrollment, and revalidation, of up to 120 days but

must terminate a network provider immediately upon notification from the State that the network provider cannot be enrolled or the expiration of one 120-day period without enrollment of the provider, and notify affected beneficiaries.

C. Expiration of Licensures
    1. To ensure providers in the NorthCare Network have renewed their Michigan licenses and any applicable certifications in a timely basis, the NorthCare Network and Network Providers credentialing staff will:
        a. Monitor monthly to identify any provider with an upcoming license or certification.
        b. Ensure primary source verifications of licensure/certification is completed prior to re-credentialing or contract renewal.
        c. Upload documents into the ELMER Provider Management system.

    2. Any Provider who has not renewed their license or certification prior to its expiration will be immediately suspended/terminated from the provider network. Services are not reimbursed during periods of lapsed license/certification.

    3. Providers who are suspended/terminated for a lapse in licensure or certification may request reinstatement as a participating provider. Reinstatement is at the discretion of NorthCare Network's Senior Clinical Director, once licensure or certification is renewed.

D. Other Identified Credentialing Issues
    1. If a NorthCare Network Participating Provider is listed on an ongoing disciplinary action report or other information source that determines lack of compliance to NorthCare Network practice standards, NorthCare Network will reassess the provider's ability to perform the services that he or she is under contract to provide.

    2. Any professional liability claim, judgment or settlement, reported or known, within the past five (5) years will be verified by the NPDB/HIPDB or directly with the insurance carrier.

    3. The NorthCare Network Credentialing Committee may:
        a. Determine that no action is justified;
        b. Issue a letter of guidance, warning, or reprimand;
        c. Impose conditions for continued practice on the NorthCare Network provider network;
        d. Impose a requirement for monitoring or consultation;
        e. Recommend additional training or education;
        f. Determine that the provider should be suspended or terminated for cause, as in the case of loss of license.

    4. If an individual or entity is listed on the Sanctioned Provider or the OIG Federal Exclusions List during the contract term, that contractor is obligated to notify NorthCare Network and shall be removed from involvement with NorthCare Network operations related to federal or state health care programs.

5. NorthCare Network and any Network Provider must not knowingly have a director, officer, partner, subcontractor, network provider, person with beneficial ownership of more than 5% of the PIHP/Organization's equity, or individuals/providers who are affiliated with another person who has been debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued pursuant to Executive Order No. 12549 or under guidelines implementing such order.

   NorthCare Network and any Network Provider must not have a provider or person with an employment, consulting, or any other contractual agreement with a debarred or suspended person or entity for the provision of items or services that are significant and material to this Contract and the PIHP's obligations under its MDHHS/PIHP Contract.

6. Network Providers must notify NorthCare Network's CEO and/or Compliance Officer immediately if search results indicate that any of their network providers, individuals or entities, with ownership or control interests in a provider entity are on the OIG exclusions database.

7. NorthCare Network must notify the MDHHS OIG immediately using the approved OIG reporting form and process if search results indicate that any network provider entities, or individuals or entities with ownership or control interests in a provider entity are on the OIG exclusions database. NorthCare Network must also provide notification to MDHHS OIG if it has taken any administrative action that limits a provider's participation in the Medicaid program.

8. NorthCare Network will notify the Michigan Department of Health and Human Services (MDHHS) Behavioral Physical Health and Aging Services Administration (BPHASA) Division of Program Development, Consultation and Contracts within two business days when disclosures are made by providers with regard to those offenses as detailed in sections 1128(a) and 1128(b)(1), (2), or (3) of the Social Security Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act.